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55239

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 156	Agency Case No. B5-072711	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 08/11/2015		TIME OF ACCIDENT 0745	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0745	Amended	
B 63	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S Folsom		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	08/12/2015	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE	
D 4	IF AT INTERSECTION			IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
		284.00		X	W South Street	
V1/M 14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13210188		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 1	DRIVER	COLBY M COCHRAN		PHONE	402-904-2394	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	06/25/1990	
G 2	OWNER	COLBY COCKRAN		PHONE	402-904-2394	
H 5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
V1/O 2	LICENSE PLATE	PA NO.	TSB979	YEAR (Plate Expires)	2015	STATE (Of Plate) NE
V2/O 4	VEHICLE	2002	MAKE GMC	MODEL YUK	BODY STYLE Medium/large u	COLOR white
I 1	VEHICLE ID NO. (VIN)	1GKEK13Z92R281993		INSURANCE COMPANY	Progressive	
J 01	TOWED TO	Capital Towing		TOWED BY	Capital Towing	
K 01	TOWED TO			TOWED BY		
VEHICLE NO. 2						
F 1	DRIVER LICENSE NO.	G02024992		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 1	DRIVER	DAVID M HADENFELDT		PHONE	402-797-3488	
V2/P 8	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	02/06/1958	
J 01	OWNER	DAVID M HADENFELDT		PHONE	402-797-3488	
K 01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
V1/Q 2	LICENSE PLATE	MC NO.	TDR460	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q 2	VEHICLE	2004	MAKE Honda	MODEL SHA	BODY STYLE Motorcycle & d	COLOR blue
V3/Q 01	VEHICLE ID NO. (VIN)	JH2RC50374M004641		INSURANCE COMPANY	State Farm Mutual Insurance Company	
V4/Q 01	TOWED TO			TOWED BY		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. # 2	NAME	DAVID M HADENFELDT 8001 W Yankee Hill Road, Lincoln, NE 68339		DATE OF BIRTH (MM / DD / YYYY)	02/06/1958	1 2 3 4 5 SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)		EMS SERVICE NAME	Lincoln Fire & Rescue	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.

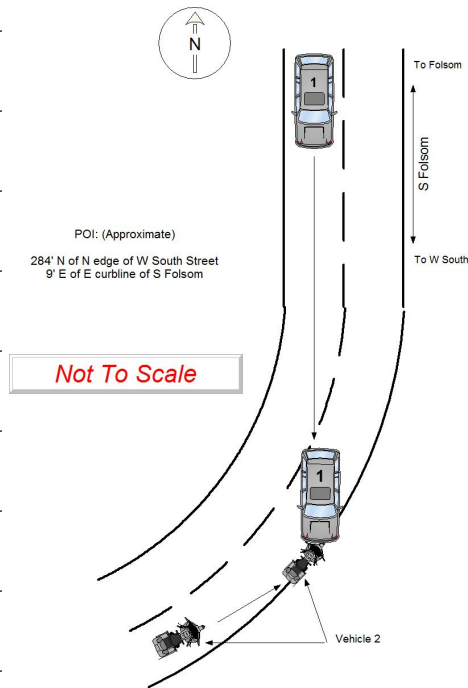
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-072711



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Veh 1 had been SB on S Folsom Street/Folsom to W South when it's driver failed to follow the curve of the roadway and crossed into the NB lanes striking vehicle 2 which had been NB on S Folsom. Driver of veh 1 reports he had been traveling at a speed ext. at 30-35 mph when he looked away from the roadway to change a CD in the stereo, left the roadway and collided with vehicle 2. It appears driver of veh 2 attempted to take evasive action by steering towards the west curb of S Folsom but was unable to avoid the collision. Podwinski, a witness, reports he had been traveling NB behind vehicle 2 and observed vehicle 1 traveling SB towards them. Podwinski reports veh 1 did not change speed and clearly did not follow the curve in the roadway. He obs veh 1 cross left of the center line and collide with veh 2 sending them both into the west ditch along S Folsom Street. The collision resulted in the death of driver of veh 2.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Brian C Podwinski	ADDRESS 9322 S 28th Street, Lincoln, NE 68516	PHONE 402-742-0075		
	NAME Sean T Walker	ADDRESS 326 Ash Street, Greenwood, NE 68366	PHONE 402-419-8965		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	VEHICLE 1		VEHICLE 2									
1		X			S Folsom				1		1		1			
2	X				S Folsom				1		1		1			
1	01	06 Turning left			POINT OF IMPACT	01	POINT OF IMPACT	01	1		1		1			
2	01	08 Entering traffic lane			MOST DAMAGED AREA	01	MOST DAMAGED AREA	01	1		1		1			
01 Essentially straight ahead				02 Backing				03 Changing lanes				04 Overtaking/ Passing				
05 Turning right				06 Leaving traffic lane				07 Making U-turn				08 Other				
09 Leaving traffic lane				10 Parked				11 Slowing or stopped in traffic				12 Other				
13 Unknown				14 Other				15 Unknown				16 Other				

OFFICER NO. 962	TROOP/ TEAM/ BEAT 4	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Stacy Pratt		INVESTIGATOR SIGNATURE Approved by Investigator Michael Muff	DATE OF REPORT 08/12/2015